



Office of Substance Abuse and Mental Health Services

Adult Mental Health Services Provider Listing Form

DELETE an Agency or Agency Location

This form is to be used to delete an agency, or an agency's location, from the adult mental health services provider contact list. Fill in all available information into the fields below. When completed, return the form to Julia Mason at julia.mason@maine.gov. If you have questions, please contact Julia at 207-287-6667.

Agency and Location:

Agency: _____
Person Submitting Form:
Name: _____
Phone: _____
E-mail: _____
Date of Submission: _____

Current Agency Location Information

Agency Name: _____
Location Name (if applicable): _____
Street Address: _____
City: _____
Zip: _____
Phone: _____
Fax: _____
TTY: _____
Internet URL: _____
County: _____
Town: _____